## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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tion Number	ates Application
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Priority Yes	Claimed No
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te United States, l' isted prior United ode, §112, I ackno 1.56 which occur	isted below and, I States or PCT owledge my duty rred between the
	and was amended applicable).  I, including the class of the prior application(s) for a signated at least of the box, any foreign a wing a filing date to the prior application(s), \$1190 for the United States, I sisted prior United tode, \$112, I acknown:

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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NAME OF FOURTH INVENTOR:					
Given Name (first and middle [if any])  Family Name or Surname					
Inventor's Signature		Date			
Residence: City	State	Country		Citizenship	
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NAME OF FIFTH INVENTOR:					
Given Name					
(first and middle [if any])		Family Name or Surname			
Inventor's Signature			Date	<del></del>	
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Mailing Address:					
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